

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Carol Platt for Congress

ADDRESS (number and street)

4417 13th Street

Box 172

St. Cloud

FL

34769

☐ Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

C C00544635

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
08 / 26 / 2014in the
State of

FL

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2014

through

M M / D D / Y Y Y Y
08 / 06 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy Watkins

Signature of Treasurer

Nancy Watkins

[Electronically Filed]

Date

M M / D D / Y Y Y Y
08 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 33

Write or Type Committee Name

Carol Platt for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	31161.89	286115.54
(b) Total Contribution Refunds (from Line 20(d))	0.00	1200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	31161.89	284915.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22935.55	260443.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	22935.55	260443.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	24474.60	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	38241.18	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 33

Write or Type Committee Name

Carol Platt for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

7250.00

89265.02

(ii) Unitemized.....

1758.00

124514.26

(iii) TOTAL of contributions from individuals ▶

9008.00

213779.28

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

5000.00

8500.00

(d) The Candidate.....

17153.89

63836.26

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

31161.89

286115.54

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.22

2.85

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

31162.11

286118.39

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 33

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22935.55	260443.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	1200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1200.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	22935.55	261643.79

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16248.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	31162.11
25. SUBTOTAL (add Line 23 and Line 24).....	47410.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22935.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	24474.60

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Carol Platt for Congress

Full Name (Last, First, Middle Initial)

Robert J. Barkett

Mailing Address 10521 Oakview Pointe Terrace

City	State	Zip Code
Gotha	FL	34734

FEC ID number of contributing federal political committee.

C

Name of Employer
Barkett Realty Group, LLCOccupation
real estate broker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : SA11AI.11550

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Jan C. Beemen

Mailing Address 5100 Cranes Point Circle

City	State	Zip Code
Orlando	FL	32839

FEC ID number of contributing federal political committee.

C

Name of Employer
n/aOccupation
homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : SA11AI.11480

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Donald Brown

Mailing Address 6235 Whip-O-Will Lane

City	State	Zip Code
St. Cloud	FL	34771

FEC ID number of contributing federal political committee.

C

Name of Employer
self-employedOccupation
veterinarian

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : SA11AI.11531

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

550.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Carol Platt for Congress

Full Name (Last, First, Middle Initial)

Robert Caldwell III

Mailing Address 1302 Ashby Circle

City

Apopka

State

FL

Zip Code

32703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Caldwell Realty Service

Occupation

real estate broker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

Transaction ID : SA11AI.11548

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Elloine M. Clark

Mailing Address 3716 Maplewood Avenue

City

Dallas

State

TX

Zip Code

75205

FEC ID number of contributing
federal political committee.

C

Name of Employer

n/a

Occupation

retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2014

Transaction ID : SA11AI.11436

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Patrice M. DeNike

Mailing Address P. O. Box 702283

City

Saint Cloud

State

FL

Zip Code

34770

FEC ID number of contributing
federal political committee.

C

Name of Employer

DeNike Realty

Occupation

real estate broker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

Transaction ID : SA11AI.11534

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Carol Platt for Congress

Full Name (Last, First, Middle Initial)

Joseph R. Doher

Mailing Address P. O. Box 1587

City

Orlando

State

FL

Zip Code

32802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prudential Results RealtyOccupation
real estate broker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : SA11AI.11540

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Jeffrey R. Douglas

Mailing Address 267 Middle Way

City

New Smyrna Beach

State

FL

Zip Code

32169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Douglas Property & DevelopmentOccupation
real estate investor

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : SA11AI.11544

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Kathleen G. McIver

Mailing Address 1181 Woodland Terrace Trail

City

Altamonte Springs

State

FL

Zip Code

32714

FEC ID number of contributing
federal political committee.

C

Name of Employer
ReMax Town & CountryOccupation
real estate broker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : SA11AI.11546

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Carol Platt for Congress

A. Full Name (Last, First, Middle Initial)
Jeffrey D. Perry

Mailing Address 6130 Waterfield Way

City	State	Zip Code
St. Cloud	FL	34771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prudential Results Realty

Occupation
real estate broker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : SA11AI.11543

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Paul Seegers

Mailing Address 12720 Hillcrest Road, #530

City	State	Zip Code
Dallas	TX	75230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seegers Enterprises

Occupation
owner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		15		2014

Transaction ID : SA11AI.11451

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Timothy S. St. Gordon

Mailing Address 6205 Lake Lizzie Drive

City	State	Zip Code
Saint Cloud	FL	34771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prudential Results Realty

Occupation
real estate broker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : SA11AI.11538

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Carol Platt for Congress

A. Full Name (Last, First, Middle Initial)
Peter J. Stephens

Mailing Address 637 Woodward Street

City State Zip Code
Orlando FL 32803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arcadia StrategicOccupation
management consultant

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

Transaction ID : SA11AI.11552

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Timothy Weisheyer

Mailing Address 3440 Woodberry Court

City State Zip Code
Kissimmee FL 34746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dream RealtyOccupation
realtor

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2014

Transaction ID : SA11AI.11500

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mary Ruth Wilson

Mailing Address 200 Airport Road

City State Zip Code
Frostproof FL 33843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Ridge, Inc.Occupation
citrus grower

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

Transaction ID : SA11AI.11556

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

7250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Carol Platt for Congress

Full Name (Last, First, Middle Initial)

Maggie's List

Mailing Address 6675 Weeping Willow Way

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C C00469023

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

Transaction ID : SA11C.11528

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

National Cattlemen's Beef Assn. PAC

Mailing Address 9110 E. Nichols Avenue

City

Centennial

State

CO

Zip Code

80112

FEC ID number of contributing
federal political committee.

C C00028787

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2014

Transaction ID : SA11C.11499

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)

C.
Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

5000.00

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 33

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)
Carol Platt for Congress

Full Name (Last, First, Middle Initial)

Carol Platt

Mailing Address P. O. Box 172

City
 St. Cloud

State Zip Code
 FL 34772

FEC ID number of contributing
federal political committee.

C H4FL09083

Name of Employer
 n/a

Occupation
 candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

48682.37

Date of Receipt

M M / D D / Y Y Y Y
 07 01 2014

Transaction ID : SA11D.11619

Amount of Each Receipt this Period

2000.00

In-kind - campaign management

Full Name (Last, First, Middle Initial)

Carol Platt

Mailing Address P. O. Box 172

City
 St. Cloud

State Zip Code
 FL 34772

FEC ID number of contributing
federal political committee.

C H4FL09083

Name of Employer
 n/a

Occupation
 candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

53682.37

Date of Receipt

M M / D D / Y Y Y Y
 07 02 2014

Transaction ID : SA11D.11614

Amount of Each Receipt this Period

5000.00

In-kind - communications consulting

Full Name (Last, First, Middle Initial)

Carol Platt

Mailing Address P. O. Box 172

City
 St. Cloud

State Zip Code
 FL 34772

FEC ID number of contributing
federal political committee.

C H4FL09083

Name of Employer
 n/a

Occupation
 candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

54282.37

Date of Receipt

M M / D D / Y Y Y Y
 07 07 2014

Transaction ID : SA11D.11592

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 33

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)
Carol Platt for Congress

Full Name (Last, First, Middle Initial)

Carol Platt

Mailing Address P. O. Box 172

City

St. Cloud

State

FL

Zip Code

34772

FEC ID number of contributing
federal political committee.

C H4FL09083

Name of Employer

n/a

Occupation
candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

56330.37

Date of Receipt

07

13

2014

Transaction ID : SA11D.11633

Amount of Each Receipt this Period

2048.00

In-kind - campaign signs

Full Name (Last, First, Middle Initial)

Carol Platt

Mailing Address P. O. Box 172

City

St. Cloud

State

FL

Zip Code

34772

FEC ID number of contributing
federal political committee.

C H4FL09083

Name of Employer

n/a

Occupation
candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

57130.37

Date of Receipt

07

15

2014

Transaction ID : SA11D.11654

Amount of Each Receipt this Period

800.00

In-kind - campaign consulting

Full Name (Last, First, Middle Initial)

Carol Platt

Mailing Address P. O. Box 172

City

St. Cloud

State

FL

Zip Code

34772

FEC ID number of contributing
federal political committee.

C H4FL09083

Name of Employer

n/a

Occupation
candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

58936.31

Date of Receipt

07

16

2014

Transaction ID : SA11D.11624

Amount of Each Receipt this Period

1805.94

In-kind - campaign signs

SUBTOTAL of Receipts This Page (optional).....

4653.94

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 33

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Carol Platt for Congress

Full Name (Last, First, Middle Initial)

Carol Platt

Mailing Address P. O. Box 172

City
St. CloudState
FLZip Code
34772FEC ID number of contributing
federal political committee.**C** H4FL09083Name of Employer
n/aOccupation
candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

59011.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2014

Transaction ID : SA11D.11627

Amount of Each Receipt this Period

75.23

In-kind - food & beverage

Full Name (Last, First, Middle Initial)

Carol Platt

Mailing Address P. O. Box 172

City
St. CloudState
FLZip Code
34772FEC ID number of contributing
federal political committee.**C** H4FL09083Name of Employer
n/aOccupation
candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

59811.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2014

Transaction ID : SA11D.11656

Amount of Each Receipt this Period

800.00

In-kind - campaign consulting

Full Name (Last, First, Middle Initial)

Carol Platt

Mailing Address P. O. Box 172

City
St. CloudState
FLZip Code
34772FEC ID number of contributing
federal political committee.**C** H4FL09083Name of Employer
n/aOccupation
candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

59855.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2014

Transaction ID : SA11D.11637

Amount of Each Receipt this Period

44.10

In-kind - postage

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

919.33

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 33

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)
Carol Platt for Congress

Full Name (Last, First, Middle Initial)

Carol Platt

Mailing Address P. O. Box 172

City
 St. Cloud

State Zip Code
 FL 34772

FEC ID number of contributing
federal political committee.

C H4FL09083

Name of Employer
 n/a

Occupation
 candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

59885.77

Date of Receipt

M M / D D / Y Y Y Y
 07 30 2014

Transaction ID : SA11D.11640

Amount of Each Receipt this Period

30.13

In-kind - food & beverage

Full Name (Last, First, Middle Initial)

Carol Platt

Mailing Address P. O. Box 172

City
 St. Cloud

State Zip Code
 FL 34772

FEC ID number of contributing
federal political committee.

C H4FL09083

Name of Employer
 n/a

Occupation
 candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

60885.77

Date of Receipt

M M / D D / Y Y Y Y
 07 31 2014

Transaction ID : SA11D.11643

Amount of Each Receipt this Period

1000.00

In-kind - accounting & reporting

Full Name (Last, First, Middle Initial)

Carol Platt

Mailing Address P. O. Box 172

City
 St. Cloud

State Zip Code
 FL 34772

FEC ID number of contributing
federal political committee.

C H4FL09083

Name of Employer
 n/a

Occupation
 candidate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

62885.77

Date of Receipt

M M / D D / Y Y Y Y
 08 01 2014

Transaction ID : SA11D.11661

Amount of Each Receipt this Period

2000.00

In-kind - campaign management

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3030.13

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 33

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Carol Platt for Congress

A. Full Name (Last, First, Middle Initial) Carol Platt		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		02		2014
M M	/	D D	/	Y Y Y Y								
08		02		2014								
Mailing Address P. O. Box 172		Transaction ID : SA11D.11646 Amount of Each Receipt this Period <table border="1"> <tr> <td>850.00</td> </tr> </table> In-kind - event sponsorship	850.00									
850.00												
City St. Cloud	State FL		Zip Code 34772									
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td>H4FL09083</td> </tr> </table>			C	H4FL09083								
C	H4FL09083											
Name of Employer n/a	Occupation candidate											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>63735.77</td> </tr> </table>	63735.77										
63735.77												

B. Full Name (Last, First, Middle Initial) Carol Platt		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		04		2014
M M	/	D D	/	Y Y Y Y								
08		04		2014								
Mailing Address P. O. Box 172		Transaction ID : SA11D.11651 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.49</td> </tr> </table> In-kind - food & beverage	100.49									
100.49												
City St. Cloud	State FL		Zip Code 34772									
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td>H4FL09083</td> </tr> </table>			C	H4FL09083								
C	H4FL09083											
Name of Employer n/a	Occupation candidate											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>63836.26</td> </tr> </table>	63836.26										
63836.26												

C. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y								
Mailing Address												
City	State		Zip Code									
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td></td> </tr> </table>			C									
C												
Name of Employer	Occupation											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>											

SUBTOTAL of Receipts This Page (optional).....	<table border="1"> <tr> <td>950.49</td> </tr> </table>	950.49
950.49		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td>17153.89</td> </tr> </table>	17153.89
17153.89		

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 33

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

A. B & B Promotions of Central Florida, LLC

Mailing Address 4423 Albritton Road

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
communications consulting-candidate inkind

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.11616

[MEMO ITEM]

B. Megan Becker

Mailing Address 3332 Cecil Whaley Road

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
campaign consulting-candidate inkind

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.11658

[MEMO ITEM]

c. Megan Becker

Mailing Address 3332 Cecil Whaley Road

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
campaign consulting-candidate inkind

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2014

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.11660

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 33

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

A. Campaign Graphics

Mailing Address 1111 N.E. 25th Avenue, #103

City	State	Zip Code
Ocala	FL	34470

Purpose of Disbursement
campaign signs-candidate inkind

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

1805.94

Transaction ID : SB17.11626

[MEMO ITEM]

B. Chipotle Mexican Grill

Mailing Address 3254 N. John Young Parkway

City	State	Zip Code
Kissimmee	FL	34741

Purpose of Disbursement
food & beverage-candidate inkind

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

30.13

Transaction ID : SB17.11642

[MEMO ITEM]

c. Thomas C. Datwyler

Mailing Address 3365 Cherry Lane, #D

City	State	Zip Code
Woodbury	MN	55129

Purpose of Disbursement
accounting & reporting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2014

Amount of Each Disbursement this Period

2445.30

Transaction ID : SB17.11482

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2445.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 33

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

A. Thomas C. Datwyler

Mailing Address 3365 Cherry Lane, #D

City	State	Zip Code
Woodbury	MN	55129

Purpose of Disbursement
accounting & reporting-candidate inkind

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.11645

[MEMO ITEM]

B. FedEx

Mailing Address 1210 12th Street

City	State	Zip Code
St. Cloud	FL	34769

Purpose of Disbursement
delivery

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

Amount of Each Disbursement this Period

4.27

Transaction ID : SB17.11518

c. First Virginia Community Bank

Mailing Address 11325 Random Hills Road, #100

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement
service charge

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

10.28

Transaction ID : SB17.11429

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

14.55

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 33

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

A. First Virginia Community Bank

Mailing Address 11325 Random Hills Road, #100

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement
service charge

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2014

Amount of Each Disbursement this Period

25.75

Transaction ID : SB17.11430

B. First Virginia Community Bank

Mailing Address 11325 Random Hills Road, #100

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement
credit card processing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2014

Amount of Each Disbursement this Period

41.79

Transaction ID : SB17.11431

C. First Virginia Community Bank

Mailing Address 11325 Random Hills Road, #100

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement
service charge

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

Amount of Each Disbursement this Period

8.69

Transaction ID : SB17.11560

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

76.23

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 33

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

A. First Virginia Community Bank

Mailing Address 11325 Random Hills Road, #100

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement
service charge

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

Amount of Each Disbursement this Period

25.25

Transaction ID : SB17.11561

B. Identity-Links, Inc.

Mailing Address 6211 W. Howard Street

City	State	Zip Code
Niles	IL	60714

Purpose of Disbursement
promotional items

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2014

Amount of Each Disbursement this Period

780.55

Transaction ID : SB17.11486

c. Karma Sign & Graphics

Mailing Address P. O. Box 421799

City	State	Zip Code
Kissimmee	FL	34742

Purpose of Disbursement
campaign signs-candidate inkind

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2014

Amount of Each Disbursement this Period

2048.00

Transaction ID : SB17.11636

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

805.80

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 33

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

A. Kissimmee/Osceola Chamber of Commerce

Mailing Address 1425 Vine Street

City	State	Zip Code
Kissimmee	FL	34744

Purpose of Disbursement
candidate booth/tickets

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2014

Amount of Each Disbursement this Period

275.00

Transaction ID : SB17.11488

B. Shane Maloy

Mailing Address 4875 Gabriella Lane

City	State	Zip Code
Oviedo	FL	32765

Purpose of Disbursement
campaign management-candidate inkind

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.11621

[MEMO ITEM]

c. Shane Maloy

Mailing Address 4875 Gabriella Lane

City	State	Zip Code
Oviedo	FL	32765

Purpose of Disbursement
campaign management-candidate inkind

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.11663

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

275.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

A. Miller's Ale House

Mailing Address 12371 Winter Garden Vineland Rd.

City	State	Zip Code
Orlando	FL	32836

Purpose of Disbursement
food & beverage-candidate inkind

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

Amount of Each Disbursement this Period

100.49

Transaction ID : SB17.11653

[MEMO ITEM]

B. OneBox

Mailing Address 6922 Hollywood Blvd

City	State	Zip Code
Los Angeles	CA	90028

Purpose of Disbursement
telephone

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2014

Amount of Each Disbursement this Period

49.95

Transaction ID : SB17.11492

c. Orange County Republican Exec. Committee

Mailing Address 5742 Old Cheney Highway

City	State	Zip Code
Orlando	FL	32807

Purpose of Disbursement
event sponsorship-candidate inkind

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2014

Amount of Each Disbursement this Period

850.00

Transaction ID : SB17.11649

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

49.95

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 33

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

A. Orange County Young Republicans

Mailing Address P. O. Box 2766

City	State	Zip Code
Orlando	FL	32802

Purpose of Disbursement
candidate booth/tickets

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.11596

B. Osceola Woman Newspaper

Mailing Address 3201 Budinger Avenue

City	State	Zip Code
Saint Cloud	FL	34769

Purpose of Disbursement
advertisement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2014

Amount of Each Disbursement this Period

375.00

Transaction ID : SB17.11491

c. PG's Wings

Mailing Address 1205 W. Oak Street

City	State	Zip Code
Kissimmee	FL	34741

Purpose of Disbursement
food & beverage-candidate inkind

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

75.23

Transaction ID : SB17.11632

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

875.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

A. Carol Platt

Mailing Address P. O. Box 172

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
In-kind - campaign management

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.11620

B. Carol Platt

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 172

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
In-kind - communications consulting

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.11615

C. Carol Platt

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 172

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
In-kind - campaign signs

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2014

Amount of Each Disbursement this Period

2048.00

Transaction ID : SB17.11634

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9048.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 33

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

A. Carol Platt

Mailing Address P. O. Box 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
In-kind - campaign consulting

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.11655

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 09

Full Name (Last, First, Middle Initial)

B. Carol Platt

Mailing Address P. O. Box 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
In-kind - campaign signs

Amount of Each Disbursement this Period

1805.94

Transaction ID : SB17.11625

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 09

Full Name (Last, First, Middle Initial)

C. Carol Platt

Mailing Address P. O. Box 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
In-kind - food & beverage

Amount of Each Disbursement this Period

75.23

Transaction ID : SB17.11628

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 09

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2681.17

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 33

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

A. Carol Platt

Mailing Address P. O. Box 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2014

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
In-kind - campaign consulting

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.11657

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 09

Full Name (Last, First, Middle Initial)

B. Carol Platt

Mailing Address P. O. Box 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2014

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
In-kind - postage

Amount of Each Disbursement this Period

44.10

Transaction ID : SB17.11638

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 09

Full Name (Last, First, Middle Initial)

C. Carol Platt

Mailing Address P. O. Box 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
In-kind - food & beverage

Amount of Each Disbursement this Period

30.13

Transaction ID : SB17.11641

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 09

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

874.23

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

A. Carol Platt

Mailing Address P. O. Box 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2014

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
In-kind - accounting & reporting

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.11644

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 09

Full Name (Last, First, Middle Initial)

B. Carol Platt

Mailing Address P. O. Box 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
In-kind - campaign management

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.11662

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 09

Full Name (Last, First, Middle Initial)

C. Carol Platt

Mailing Address P. O. Box 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2014

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
In-kind - event sponsorship

Amount of Each Disbursement this Period

850.00

Transaction ID : SB17.11647

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 09

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3850.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

A. Carol Platt

Mailing Address P. O. Box 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
food & beverage

Amount of Each Disbursement this Period

46.85

Transaction ID : SB17.11588

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

B. Carol Platt

Mailing Address P. O. Box 172

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
see memo entries

Amount of Each Disbursement this Period

253.15

Transaction ID : SB17.11589

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

c. Staples

Mailing Address 101 West Vine St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
Kissimmee	FL	34741

Purpose of Disbursement
office supplies

Amount of Each Disbursement this Period

131.28

Transaction ID : SB17.11589.0

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

300.00

--

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 33

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 101 West Vine St

City	State	Zip Code
Kissimmee	FL	34741

Purpose of Disbursement
office supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

121.87

Transaction ID : SB17.11589.1

[MEMO ITEM]**B. Carol Platt**

Mailing Address P. O. Box 172

City	State	Zip Code
St. Cloud	FL	34772

Purpose of Disbursement
In-kind - food & beverage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

Amount of Each Disbursement this Period

100.49

Transaction ID : SB17.11652

c. St. Cloud Chamber of Commerce

Mailing Address 1200 New York Avenue

City	State	Zip Code
St. Cloud	FL	34769

Purpose of Disbursement
candidate booth/tickets

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2014

Amount of Each Disbursement this Period

260.00

Transaction ID : SB17.11509

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

360.49

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 33

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Carol Platt for Congress

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 101 West Vine St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

City	State	Zip Code
Kissimmee	FL	34741

Amount of Each Disbursement this Period

52.35

Purpose of Disbursement
office suppliesCategory/
Type

Transaction ID : SB17.11606

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Transaxt

Mailing Address 190 Monroe Avenue, N.W., #500

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2014

City	State	Zip Code
Grand Rapids	MI	49503

Amount of Each Disbursement this Period

3.58

Purpose of Disbursement
credit card processingCategory/
Type

Transaction ID : SB17.11483

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. United States Post Office

Mailing Address 4701 Old Canoe Creek Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2014

City	State	Zip Code
St. Cloud	FL	34769

Amount of Each Disbursement this Period

44.10

Purpose of Disbursement
postage-candidate inkCategory/
Type

Transaction ID : SB17.11639

[MEMO ITEM]

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

55.93

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 32 OF 33

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Carol Platt for CongressA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
B & B Promotions of Central Florida, LLCNature of Debt (Purpose):
communications consulting

Mailing Address 4423 Albritton Road

City State Zip Code
St. Cloud FL 34772

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.11609

Amount Incurred This Period

10863.13

Payment This Period

0.00

Outstanding Balance at Close of This Period

10863.13

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Creative DirectNature of Debt (Purpose):
Printing

Mailing Address 25 E. Main Street

City State Zip Code
Richmond VA 23219

Outstanding Balance Beginning This Period

10670.00

Transaction ID : SD10.7449

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10670.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Thomas C. DatwylerNature of Debt (Purpose):
accounting & reporting

Mailing Address 3365 Cherry Lane, #D

City State Zip Code
Woodbury MN 55129

Outstanding Balance Beginning This Period

2445.30

Transaction ID : SD10.11226

Amount Incurred This Period

0.00

Payment This Period

2445.30

Outstanding Balance at Close of This Period

0.00

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

21533.13

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 33 OF 33

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Carol Platt for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

OnPoint National Research

Nature of Debt (Purpose):

Campaign Consulting

Mailing Address 2910 Kerry Forest Parkway
#D4-166City State Zip Code
Tallahassee FL 32309

Outstanding Balance Beginning This Period

11450.00

Transaction ID : SD10.7448

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11450.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Prosper Group

Nature of Debt (Purpose):

Website

Mailing Address 435 East Main Street, #250

City State Zip Code
Greenwood IN 46143

Outstanding Balance Beginning This Period

5258.05

Transaction ID : SD10.7447

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5258.05

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ►

16708.05

2) **TOTALS** This Period (last page this line number only) ►

38241.18

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

38241.18